

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 530013

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7						
8		1				
9	1					
10		1				
11	1					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	1					
19	1					
20		1				
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	(1)					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	(1)					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54	1					
55	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			3		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	55					